## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ndicated unless correcte naintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new co	orres	pondence address;	and/or	(b) indicating a sepa	rate "FEE ADDRES	SS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
26111		/2007			Cer	tificate	of Mailing or Trans	mission		
	SSLER, GOLDST RK AVENUE, N.W I, DC 20005		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
								(Depositor's	s name)	
								(Sig	gnature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DO		RNEY DOCKET NO.	CONFIRMATION N	10.	
09/881,734	09/881,734 06/18/2001		A. Scott Hollums		1875.0700002			8770		
TILE OF INVENTION ON MINISLOT COUNT		AND COMPUTER PRO	OGRAM PRODUCT F	OR	SCHEDULING B	URST	PROFILE CHANGES	BASED		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300		\$0		\$1700	09/24/2007		
EXAMINER ART		ART UNIT	CLASS-SUBCLASS							
PHAN, MAN U 2616			370-419000	·						
. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 STERNE, KESSLER, GOLDSTEIN & FOX PLLC 2 3							
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Broadcom Co	less an assignee is identi h in 37 CFR 3.11. Comp GNEE prporation	A TO BE PRINTED ON a first below, no assignce oletion of this form is NO categories (will not be presented to the present the second to the present th	data will appear on the Ta substitute for filing (B) RESIDENCE: (C) Irvine, CA	ne pa g an a	tent. If an assignossignment. and STATE OR C	OUNT				
	0 0 1		• •				<del></del>		minent	
a. The following fee(s) a  Issue Fee Publication Fee (N Advance Order - #		<ul> <li>4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any</li> </ul>								
			overpayment, to D	cpos	it Account Number	r 19	0-0036 (enclose a	n extra copy of this fo	orm).	
	tus (from status indicated s SMALL ENTITY statu	,	☐ b. Applicant is no	long	er claiming SMAL	L ENT	TITY status. Sec 37 Cf	R 1.27(g)(2).		
OTE: The Issue Fee and terest as shown by the i	d Publication les (il requeecords of the direct	uired) will not be accepted tes Patent and Trademark	d from anyone other the Office.	an th	e applicant; a regis	stered a	ttorney or agent; or th	e assignce or other pa	arty in	
Authorized Signature			Dat 09/19/2007 SZAWDIEZ 00000009 09881734							
Typed or printed name Robert Sokohl			•		Registration 13		36,013	1400.00 OP		
his collection of inform n application. Confident abmitting the completec its form and/or suggesti ox 1450, Alexandria, V lexandria, Virginia 223	ons for reducing this but irginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (	on is required to obtain 1.14. This collection is depending upon the incomplete Chief Information OCOMPLETED FORM:	or restindivi	tain a boyeffe by his mated to take 12 h dual case. Any co , U.S. Patent and THIS ADDRESS	ng publi mnutes mments Tradem	ic which is to file (and to complete, includin s on the amount of tin ark Office, U.S. Depa of TO: Commissioner for	by the <b>USBTOR</b> preparing	occss) g, and nplete c, P.O. 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.